

## Appendix B

### Volume Minimums and Quality Assessment and Performance Improvement

#### Diagnostic Cardiac Catheterization

Based on guidelines and standards issued by American College of Cardiology and Society for Cardiac Angiography and Interventions, each approved diagnostic cardiac catheterization service shall maintain a minimum annual caseload volume of 200 procedures per year.

New diagnostic cardiac catheterization services shall reach a minimum **200** procedures within 24 months of approval of the service. Each new diagnostic cardiac catheterization service must submit Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E), including service volume for each preceding quarter during this initial 24-month period via electronic submission to [cardiacreporting@state.ma.us](mailto:cardiacreporting@state.ma.us) within 7 days of the end of the preceding quarter.

A service providing fewer than **200** procedures per year shall, within 30 days of the end of the Department's fiscal year reporting period, submit to the Department a copy of the previous year's Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E). The QAPI reports shall contain all data outlined in 105 CMR 130.965(C) and (D)

- A service providing fewer than **150** procedures per year shall, within 30 days of the end of the Department's fiscal year reporting period, request a review of the catheterization service by an appropriately qualified professional peer review organization or individual(s) approved by the Department.
  - The request shall include certification by any physician conducting the peer review shall certify that he or she does not have any conflict of interest regarding the hospital and physicians to be reviewed.
  - Peer review may not commence until the Department issues a written approval of the peer review organization or individual(s) to the service.
  - The service shall submit the results of the review to the Department within 10 days of receipt.

The Department will determine whether a facility will continue to be approved to provide the service, subject to any conditions determined to be appropriate, based on a review of:

- The QAPI reports and,
- The results of the peer review, if applicable.

All diagnostic cardiac catheterization services shall submit their diagnostic procedure volumes for the previous Department's fiscal year (July 1-June 30) using the attached form, via electronic submission to [cardiacreporting@state.ma.us](mailto:cardiacreporting@state.ma.us) within 30 days of the end of the fiscal year reporting period.

## **Diagnostic and Interventional Cardiac Catheterization**

Based on guidelines and standards issued by American College of Cardiology, American Heart Association and Society for Cardiac Angiography and Interventions, each approved diagnostic and interventional cardiac catheterization service shall maintain a minimum annual caseload volume of **200** interventional procedures per year.

New diagnostic and interventional cardiac catheterization services shall reach a minimum **200** interventional procedures within 24 months of approval of the service. Each new diagnostic and interventional cardiac catheterization service must submit Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E), including interventional service volume for each preceding quarter during this initial 24-month period via electronic submission to [cardiacreporting@state.ma.us](mailto:cardiacreporting@state.ma.us) within 7 days of the end of the preceding quarter.

A service providing fewer than **200** interventional procedures per year shall, within 30 days of the end of the Department's fiscal year reporting period, submit to the Department a copy of the previous year's Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E). The QAPI reports shall contain all data outlined in 105 CMR 130.965(C) and (D)

- A service providing fewer than **150** interventional procedures per year shall, within 30 days of the end of the Department's fiscal year reporting period, request a review of the catheterization service by an appropriately qualified professional peer review organization or individual(s) approved by the Department.
  - The request shall include certification by any physician conducting the peer review shall certify that he or she does not have any conflict of interest regarding the hospital and physicians to be reviewed.
  - Peer review may not commence until the Department issues a written approval of the peer review organization or individual(s) to the service.
  - The service shall submit the results of the review to the Department within 10 days of receipt.

The Department will determine whether a facility will continue to be approved to provide the service, subject to any conditions determined to be appropriate, based on a review of:

- The QAPI reports and,
- The results of the peer review, if applicable.

All diagnostic and interventional cardiac catheterization services shall submit their diagnostic and interventional procedure volumes for the previous Department's fiscal year (July 1-June 30) using the attached form, via electronic submission to [cardiacreporting@state.ma.us](mailto:cardiacreporting@state.ma.us) within 30 days of the end of the fiscal year reporting period.

## Cardiac Catheterization Service Procedure Volume Annual Submission

This information must be submitted to the Department of Public Health, Bureau of Health Care Safety and Quality, by the Physician Director of the hospital's Cardiac Catheterization Service no later than July 31<sup>st</sup> of the reporting year.

**Name of Hospital:** \_\_\_\_\_

Name of Physician Director of Cardiac Catheterization Service:

\_\_\_\_\_

Phone Number \_\_\_\_\_ email: \_\_\_\_\_

Name of Physician Director of the Electrophysiology Service:

Phone Number \_\_\_\_\_ email: \_\_\_\_\_

### 1. Cardiac Catheterization Procedure Volume<sup>1</sup>:

Complete the following for the types and total number of cardiac catheterization procedures performed during July 1<sup>st</sup> through June 30<sup>th</sup> of the preceding year at this hospital:

- A. Diagnostic Procedures <sup>2</sup> \_\_\_\_\_
- B. Interventional Procedures <sup>3</sup> \_\_\_\_\_
- C. Total number of cardiac catheterization procedures performed (A+B) \_\_\_\_\_

### 2. Physician Operators<sup>4</sup>:

- A. # physicians credentialed to perform only diagnostic cardiac catheterization procedures \_\_\_\_\_
- B. # physicians credentialed to perform diagnostic and interventional cardiac catheterization procedures \_\_\_\_\_
- C. # physicians credentialed to implant pacemakers \_\_\_\_\_
- D. # physicians credentialed to implant intracardiac devices \_\_\_\_\_

**NOTE:** Please submit this form to [cardiacreporting@state.ma.us](mailto:cardiacreporting@state.ma.us)

<sup>1</sup> When a patient undergoes diagnostic and interventional cardiac catheterization procedures at the same time, i.e., the patient does not leave the table, each procedure is counted separately (as one diagnostic and one interventional procedure).

<sup>2</sup> Diagnostic cardiac catheterization includes procedures in 2016 CPT Codes 93452-62 and 93530-33. One or more diagnostic procedures on the same patient, i.e., the patient does not leave the table, is counted as one procedure.

<sup>3</sup> Interventional cardiac catheterization includes procedures in 2016 CPT Codes 92920-92944 and C9600-C9608.

<sup>4</sup> Procedures performed by fellows should be credited to the attending physician. Therefore, do not include fellows in the number of physician operators.